STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. Village or City Length of residence in city or town where death occurred 20 yrs mos ds. How long in U.S. if of foreign birth? yrs mos ds. (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate. 7. AGE Months Days If LESS than to have occurred on the date stated above, at ______ I day,....hrs. or min. were as follows: 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc..___ OCCUPATION back 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc... 10. Date deceased last worked at this occupation (month and 11. Total time (years) occupation instructions Other Contributory Causes of importance: 12. BIRTHPLACE (city or town). (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) MOTHER 15. MAIDEN NAME 16. BIRTHPLACE (city or town) ... (State or country) Where did injury occur?_____ (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury CAUSE Nature of injury.... LION 19. UNDERTAKER (Address) If so, specify ... (Signed). Registrar.

No. St.,

(If death occurred in a hospital or institution, give its NAME instead of street and number) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH HEREBY CERTIFY. That I attended deceased from The PRINCIPAL CAUSE OF DEATH and related causes of Importance Date of onsat What test confirmed diegnosis?_____ Was there an autopsy?____ 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of injury______ 19_____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 24. Was disease or injury in any way related to occupation of deceased?___. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.
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11.—The number of years the deceased followed the occupation.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week and Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

FOR BINDIN

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	1568
1. PLACE OF DEATH	(93-0)	~
County Danvell	Registration Dist. No.	
Village or City Near Aunallar	No. 96,	Ward
	death occurred in a horpital or institution, give its NAME instead of street and ds. How long in U.S. If of foreign birth?yrs	
(a) Residence: No.	St., Ward.	10.
(Usual place of abode)	If nonresident give city or town an MEDICAL CERTIFICATE OF DEATH	d State
PERSONAL AND STATISTICAL PARTICULARS		
1. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) Line 1. Color or RACE OR DIVORCED (write the word)	21. DATE OF DEATH File. 7 (Month) (Day)	. 193 (Year)
5a. If maried, widowed, or divorced MUCONAND of John WIFE of John W Policy and	HEREBY CERTIFY, Jhat lettende	d deceased from
C DATE OF BIRTH (CONT. 400 and 100 1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 100 000	3: death is said
6. DATE OF BIRTH (month, day, end year) Decuber 4 161 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at _ 5 Az m.	,
7() 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profession, or parlicular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	elumie myorurelitió	Date of onsets
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Global decessed last worked at this occupation (month and the sant in this spent in the spent in the spent in this spent in the spent in this spent in the spent in the spent in the spent in the spe		
11. Total time (years) spant in this year) 12. Total time (years) spant in this occupation		
	Other Contributory Causes of importance:	9
(State er country)	- Influença	July
	0	14.3
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Oate of	
(State or country) Mary land	What test confirmed diegnosis? Clinical Wes there er	eutopsy?. 20
15. MAIOEN NAME PACKAGE (City or town)	23, if death was due to external causes (VIOLENCE) fill in also the following	ng:
16. BIRTHPLACE (city or town) Mary land	Accident, sulcide, or homicide? Date of injury Where did Injury occur?	, 19
17. INFORMANT Mis Julia Paulet	Specify city or town, county and Si Specify whether injury occurred in NOUSTRY, in HOME, or in PUBLIC F	
18. BURIAL, CREMATION, OR REMOVAL		
Place Wesley dunch Oate 2 - 9 , 1933	Manner of injury	
19. UNDERTAKER Edw OTyston (Address) Hawket and mad	24. Was disease or Injury In any way related to occupation of deceased?	no
20, FILEO Jel 4 , 1933 Inomal Letate	(Signed) C. A. Bullingal	ea M.D.
Registrar.	(Address)	ve july

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	į	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BURKAU V.B.		£.		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—	CERTIFICATE OF DEATH	1569
1. PLACE OF DEATH		303
County Carlolly	Registration Dist. No. 7 de v	
Village or City Selver Jun	No	Ward
Length of residence in city or town-where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and nus. ds. How long in U.S. if of foreign birth?	
2. FULL NAME Saramah, Br	rose	
(a) Residence: No.	St., Ward.	
(Usual place of abode)	If nonresident give city or town and St	ate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
1. SEL 4. COLOR OR RACE OR DIVORCED Furrite the word)	21. DATE OF DEATH Feb. 27 (Oay)	193.
Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of Jolenn Boose	22. I HEREBY CERTIEY. That I attended de feb 7. 19-33, to Yeb 27	ceased from
6. DATE OF BIRTH (month, day, end year) Chris. 1845	Hast saw h en elive on Feb 26 , 1903;	death is said
7. AGE Years Months Oays If LESS than 1 day,	to have occurred on the dete stated above, at 4.30Am. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
8 Trade profession or particular		Oate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oate deceased last worked et this occupation (month and specific property).		
10. Oate deceased last worked et this occupation (month and year)		
12. BIRTHPLACE (city or town) Maryland. (State or country)	Other Contributory Causes of importance	Feb 7.
13. NAME abraham / roonts	The same of the sa	
14. BIRTHPLACE (city or town)	Name of operation	
(State of country)	What test confirmed diagnosis? Climeal Wes there an aut	opsy? 40
15. MAIDEN NAME Of Margaren.	23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIOEN NAME 16. BIRTHPLACE (city er town) (State or country)	Accident, suicide, or homicide?	L., 19.13.2
(State or country) 17. INFORMANT Alvin Boose	Where did Injury occur? Ather house (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME or In PUB AC PLAC	E.
(Address) Westminster, Md. P.D.	lugury occurred in her tion	21
18. BURIAL, CREMATION, OR REMOVAL Place Schur Run, Ind. Oate Mar. 1, 1933	Manner of injury - tell frochury the few Nature of injury Froduce of well felice	w.
19. UNDERTAKER of Mr. Little of Son (Address) Littlestown 1 James.	24. Was disease er injury in any wey related to occupation of deceased?	ده
20. FILEO Fele 27, 1933 Colon Blanch Registrar.	(Signed) At Solower (Address) Lettlestone	M. D.
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	3	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis ·	3 days ago
2012			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			-

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Carollo Co	Registration Dist. No. 16
Village or City And Salah of Land	No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
1 / la lhia	ds How long in U.S. if of foreign birth?mos,ds.
2. FULL NAME DOLY LOOPLY	
(a) Residence: No.	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. MINGLE, MARRIED, DIDOWED, BY DIVORCED (1997) the word) 16. If married, wisowed, or divorced HUSBANO of	21. DATE OF DEATH (Month) (Month) (Year)
(or) WIFE of	22. I HEREBY CERTIFY That I attended deceased from
10604 1039	liast saw h alive on death is said
6. DATE OF BIRTH (month, day, and year) 7. AG Years Months Days If LESS than	to have occurred on the date stated above, at
Clas Brun 1 day - hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Magnatus Dead Born
Kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and	7
11. Total time (years) this occupation (month and year) year) occupation	
	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME BASSEY	
13. NAME BASKY 14. BIRTHPLACE (city or town) 14. Color of town Color of town	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Melley Candlay	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT CONTROL (Address)	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place Male Jo 197	Nature of injury
19. UNDERTAKER Sasil Baslly	24. Was disease or Injury In any way related to occupation of deceased?
(Address) Furthslung	If so, specify
20. FILED 79 , 1823 Flevborone	(Signed)
Registrar	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	11	Example II	
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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		GSINEDGM	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

d. SEX

7. AGE

OCCUPATION

FATHER

MOTHER

13, NAME

17. INFORMANT

19. UNDERTAKER

(Address)

(Address)

M

1 . 10	vous -	(Month) (Day)	(Year)
. Brea	shears.	22. I HEREBY CERTIFY. Thet I attende	
July C	lys If LESS than I day, hrs.	to heve occurred on the date stated ebove, et 12:30 P. m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
lar PINNER, OFFE etc. Affe	n ormin.	Pulmonary Tuberrulois	Date of onset
Marylan 2 Slile	Total time (years) spent in this occupation	Other Coutributory Causes of Importance:	
Maryla mmal	Jamp -	Name of operation Date of What test confirmed diegnosis? Was there are 23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Dete of injury Where did injury occur? (Specify city or town, county and Single Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC Files.	ng: , 19
Lech Liswis 3CHar	Feb. 28, 1933 4 Som uy Men Resistrar.	Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) W. Discusse Sayer (Address) Subarrage M. D.	М. С

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year .

0	tem of infor	should etate	of occur	
/	RITE PLAINLY, WITH UNFADING INK-THIS IS A PE ANENT RECORD. Every item of infor	tion should be carefully supplied. AGE should be stated ENACTLY. PHYSICIANS should state	statement	
ING S	NENT REC	CTLY. P	ified. Kacı	
MARGIN RESERVED FOR BINDING	S A PE	tated EXA	roperly class	rtificate.
ERVED F	IK-THIS I	should be s	t may be p	back of ce
GIN RES	FADING IN	ied. AGE	as, so that i	tructions or
MAR	WITH UNI	efully suppli	in tern	ing. See ins
•	PLAINLY,	olld be care	F DEATH	ON is very important. See instructions on back of certificate.
	RITE	tion sh	USEO	on is v

		31	AIL			CERTIFICATE OF DEATH	172
1.	PLACE OF	DEAT	Н	Taryla		CULOSIS Sanatorium	, . ~
	CountyC	arrol	1.		Colored	Branch Registration Dist. No. 74	
	Village or Cit	ty Hon	ryton,	Maryla		No. (above) st,	Ward
	Langth of resid	enca In city	or town where d	leath occurred	O yrs. 4 mos	death occurred in a hospital or institution, give its NAME instead of street and num. 26ds. How long In U.S. if of foreign birth?myrsmos.	ber)
2.	FULL NAM	ME Ag	nes Sw	ann But	ler	0.0000000000000000000000000000000000000	
	(a) Residence	e: No.PC	mfret,		s Co., Mc		
-	PERSON	AL AND	CTATICT	(Usual place		If nonresident give city or fown and Sta	ic
3. SE		4. COLOR			RIED, WIDOWED.	21. DATE OF DEATH	
	Female		ored		D. (write the word)	Feb., 27, 1933 (Month) (Day)	(Year)
5a. I	f marriad, widowe HUSBAND of (or) WIFE of	d, or divorc		vin But	ler	22. HEREBY CERTIFY. That I attended dec 10/11/32 19 to 2/27/33	eased from
6. D	ATE OF BIRTH (r	nonth, day,	and year) Fe	b., 19.	1910		eath Is said
7. A			Months	Days	If LESS than	to have occurred on the date stated above, at 12.15. P.M.	
	23		0	8	l day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as Collows:	ate of onset
LION	8. Trada, profess kind of we SAWYER,	sion, or part ork done, as BOOKKEEPI	icular SPINNER, H ER, etcH	ousewif	е	Fulmonary funerculosis	eb
JPA	9. Industry or b work was	done, as SIL	LK MILL, TT	nknown			932
OCCUPATION	In Date deserve	., BANK, etc d last worke ation (mont)		11. Total t	me (years) nt in this Unknow	n	
12. E	BIRTHPLACE (city (State or count		Pomon Maryl	key		Other Coatributory Causes of importance:	
2	13. NAME		March	ey Swan	n		
FATHER	14. BIRTHPLACE		Timoo	ut		Nama of operation	700
2	15. MAIDEN NAM			r Butle	יי	What test confirmed diagnosis? Was there an auto 23. If death was due to external causes (VIOLENCE) fill in also the following:)sy1-2-32
T -	16. BIRTHPLACE	(city ar towi		ut		Accidant, sulcida, or homicide? Date of injury Where did injury occur?	., 19
17. 1	NFORMANT	ohn E Hen	o'Nė	ill, M.	D.	(Specify city or town, county and State) Specify whether injory occurrad in INDUSTRY, in HOME, or in PUBLIC PLACE	
18. E	Place	ON, OR REI	MOVAL MOVAL	nd 3	-3.,1933	Manner of injury	
19. 1	JNOERTAKER (Address)	Roc	Ring	newo	len	24. Was disease or injury in any way related to occupation of deceased?	10.
20. F	FILED 2/27	/33 _{, 19}	Deput	K.	Registrar.	(Address) (Addre	M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:	•	
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—	CERTIFICATE OF DEATH	1573
1. PLACE OF DEATH	(B)	1000
County (arroll	Registration Dist. No.	4-
Villaga or City De Resvelle	No. Anna field State Hospital St., death occurred in a hospital or institution, give its NAME instead of street and no	Ward
	death occurred in a norphist of institution, give its IVALVIE, instead of street and in	sds.
2. FULL NAME Daniel a. Cassidy		
R. 1 . 1 . 1 . 1	St., Ward. Philadelphia, Pa.	
(a) Residence: ND. Vhiladelfina. Va. (Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wildowed Wildowed	21. DATE OF DEATH Lebruary 8th (Month) (Day)	, 193 <u>3</u> (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Teatherine Judge.	Jaman, 22 nd, 19/8, to Turnary 19	leceased from
6. DATE OF BIRTH (month, day, and year) Farmary 12 1856	K / # /	; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 1.45 A .m.	
77 4 han 127 ~ 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Data of onest
8. Trade, profession, or particular kind of work done, as SPINNER. Stone Masoner SAWYER, BOOKKEEPER, etc.	Chrome Myocardetes with	Prior to
9 Industry or business in which work wes done, es SILK MILL.	mitral Requirestation and	
SAW MILL, BANK, etc 10. Date deceased last worked et august this occupation (month and 1910 spent In this 3/years) occupation.		
12. BIRTHPLACE (city of town) Turknown	Other Contributory Causes of importance:	Prior to
(State or country) Pennsy brana	Chrome Interstitual Nephritis	Inly 193
13. NAME Darriel Cassedy		
13. NAME Daviel Cassedy 14. BIRTHPLACE (city or town) (State or country)	Name of operation None Date of Date of What test confirmed diagnose? Date of Jaste of Jast there and	fulopsy? In
IS MAIDEN NAME Jane Mc Coy	23. If death was due to external causes (VIOLENCE) fill in also the following	
15. MAIDEN NAME Jane Me Coy 16. BIRTHPLACE (city or town) (State or country) Thinks	Accident, suicide, or homicide? Date of injury Where did injury occur?	
17. INFORMANT Aringfuld State Hospital (Records)	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLA	
18 MUNIA CREMATION, OR REMOVAL. B. Date Leb. 11, 19-30	Manner of injury	
19. UNDERTAKER Hele Touchers, (Address) Suppossible vice,	24. Was disease or injury in any way related to occupation of deceased?	no
20, FILED Leb. 8, 19 33 RHouy her Registrar.	(Signed) John A. Morris. (Address) S. S.N. J. Dy kesville. M.d.	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Run over by street car Chronic interstitial nephritis 1921 1 week ago Cerebral hemorrhage Peritonitis July 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	01574
County Caucall	Registration Dist. No. 74
Village or City Lykeevelle	Not pring feels Vale Despetato
2 4	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	X _ds. How long in U. Sat of foreign blrth?yrsmos ds.
2. FULL NAME Case Cohen	Part me
(a) Residence: No. 1869 (VsudSplace of abode)	St., Ward. Vallewale Manual State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Jemale capite OR DIVORCED (rugge the word)	February 6, 193 3
Sa. If married, widowed, or divorced	(Month) (Day) . (Year)
HUSBAND of (or) WIFE of	1 HEREBY CERTIFY That I attended deceased from
70 - 18:22	1929, to Vellany 6, 19 03
6. DATE OF BIRTH (month, day, end year)	I last saw how alive on Statusky 3, 1923; death is said
7. AGE Years Months Days If LESS than I day, hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
73 2 29 ormin.	were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER,	
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. 10. Date deceased last worked at this occupation (month and spent in this second in this sec	V. hie all anim Ad 11. 1939
work was done, es SILK MILL, SAW MILL, BANK, etc.	Lucia Commence Commen
	, and the second
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Maley and	
(Stete er country)	
13. NAME Walfe Cohen 14. BIRTHPLACE (city or town) Cuesca (State or country)	
14. BIRTHPLACE (city or town).	Name of operation
(State of country)	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Pacical Rase 16. BIRTHPLACE (city or town) Russian (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide?, 19, 19, 19, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Suspelal Coloredo	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Waterfull Md	Manager of Indian.
Gentlan Kill Helia Jeb 7 19 33	Manner of injury
Jack Lewis Law	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address) Baltimore Zuit,	If so, specify
H. 1 1 22 PM VI	(Signed) March M (ara M. D.
20. FILED Registrar.	(Address) Duprevilla Wid
	2412 N. Charles Street, Baltimore, Requesting U. S. No. z.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street on CRIVI	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		FFB 21 1933	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

STATE OF STA	- MARYLAND-	-CERTIFICATE C	F DEATH	11575
County Carroll		(131)	Registration Dist. No.	73
Village or City Jr. J.D. Mood	lline	NoNo	St.	Ward
Length of residence in city or town where dea	th occurred J 6 yrs mo	If death occurred in a horpital or institution sds. How long In U.S. if of for	n, give its NAME instead of street an oreign birth?yrs	d number) _mosds
2. FULL NAME Ina	P. Davis.			
(a) Residence: No.	(Usual place of abode)	St., Ward.	If nonresident give city or town a	nd State
PERSONAL AND STATISTIC		MEDICAL CE	RTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE S	OR DIVORCED (write the word)	21. DATE OF DEATH	Pelin, = 6 TB	, 1934
5a. If married, widowed, or divorced HUSBAND of			(Month) (Day)	(Year)
(er) Will ora Jane D	aris.	22. DIE ZHE	CERTIFY, That I attend	ed deceased from
6. DATE OF BIRTH (month, day, and year) 186.	1-9-20	I last saw h alive on	7 sly 6 0 1,193	death is sai
7. AGE Years Months	Days If LESS than	to have occurred on the date stated a		
71 4	/6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH were as follows:	and related causes of importance	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.	mes)	1-1-1-1		
A Industry or business in which		Creme Posson	- Chrone	
work was done, as SILK MILL, SAW MILL, BANK, etc.		duinelista (/	apriles	1 4500
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spant in this occupation			
12. BIRTHPLACE (city or town) learnet	Elac.	Other Contributory Causes of Importa	nce:	
(State or country)	land.	chrone lale	work Heart	
I 13. NAME Peter Day	men .	discon		5400
HE 13. NAME Veter Days 14. BIRTHPLACE (city or town) Outs (State or country) Mass	oll les.	Name of operation		
	Hell.	What test confirmed diagnosis?		
=	2011/20	23. If death was due to external causes		_
O 16. BIRTHPLACE (city or town) (State or country)	nyland -	Accident, suicide, or homicide?	Date of injury	, 19
17. INFORMANT Pra lo. Dar (Address Y E. F. J. Hardome	10/	Where did injury occur?	(Specify city or town, county and SIDUSTRY, in HOME, or in PUBLIC I	tale) PLACE.
18. BURIAL, CREMATION, OR REMOVAL	0. 100	Manner of injury		
Place Gethel Constany	Date Teles = 9 7/1933			
19. UNDERTAKER 6. m. Halfa (Address) Hundald	med	24. Wes disease or injury in any way in from the second se	related to occupation of deceased?	
20. FILED TUS 8 1933 Edm	a M. Hewel	(Signed) (Address) Jean	Stell, Windbor My	M. D
If more blan		2411 N. Charles Street, Baltimore, Reque	sting V. S. No. 1	-

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	Example I	U	Example II	
of importance were as	f death and related causes follows:		The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	Tr. C.	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	MAR a 1884	July 5,1927	Peritonitis	3 days ago
	BUREAU	<u>.</u>		
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

1. PLACE OF DEATH		40
County Carroll	Registration Dist. No. 74	-
Village or City Sylvanille Ma	No. Spring and State Appendix St., If death occurred in a horpital institution, give its NAME instead of street and number os. 19 ds. How long in U.S. If of foreign birth? yrs mos.	Ward
2. FULL NAME Deatrich Helly	Washington Co.	
(a) Residence: No. Marganiele (Usual place of abode)	St., Ward. Marie auf	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) , 193	3 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		1933
6. DATE OF BIRTH (month, day, and year) 1849 Mulisary	last saw her alive on to be every 4 , 1933; dea	th is said
7. AGE Years Months Days If LESS than 1 day,hrs ormin.	the refollower.	e of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oate deceased last worked at this occupation from the second in this second in	arteriosolerurio 19	26
SAW MILL, BANK, etc 10. Oate deceased last worked at this occupation (month and years) spent in this occupation corupation.		2 33
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:	
(Stata or country) Pennsylvania	- Seriela Permentia	
E COV ISSUADO		
14. BIRTHPLACE (city or town)	Name of operation Date of Date of What test confirmed diagnosis? Was there en autops	no No
E 15. MAIDEN NAME House	23. If death was due to external causes (VIOLENCE) fill in also the following:	y:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or counity)	Accident, suicide, or homicide? Date of injury, Where did injury occur?,	19
17. INFORMANT Hospital Records (Address)	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL A Programme Medical Laboration (1933)	Manner of injury	
19. UNDERTAKER J. M. Araiss (Address) Stagestown Mil	24. Was disaase or injury in eny way related to occupation of deceased?	
20. FILED Teb 4 , 1933 Charry Keer Registrar.	(Signed) M. Vorginia Beyer (Address) Sykerille M.J.	м. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

HPEMO

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Example I	and the state of t	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STA	TE OF			CERTIFICATE OF DEATH	577
1. PLACE OF DEATH		Mary	Colored	erculosis Sanatorium	
County Carroll			Coroled	Registration Dist. No.	
Village or City Heni			(1f	No. (above) St,, death occurred in a hospital or institution, give its NAME instead of street and	Ward
Length of residence in city or	town where death	occurred O	yrs &mos	. 24 ds. How long In U.S. it of foreign birth?	ios ds.
2. FULL NAME Will	iam Dov	wridge			
(a) Residence: No. 140	5 Ashle	and Av	e. Balt	O . St., Md . Ward. If nonresident give city or town and	State
PERSONAL AND S	TATISTICA	L PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR Male Color			(write the word)	21. DATE OF DEATH Feb., 11, 1933 (Month)	, 193 (Year)
5a. If married, widowed, or divorced HUSBANO of					
(or) WIFE of				Nov., 18, 1932 ₁₉ to Feb., 11,	
6. DATE OF BIRTH (month, day, end	veer) Jili	ne, 12	. 1912	im Tob 11 1027	: death is said
7. AGE Years	Months	Days	If LESS Chan	to have occurred on the date stated above, at 3.00 A.M.	.,
20	7	.29	1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particu			7 0,	Pulmonary Tuberculosis	Date of onset
kind of work done, as SI SAWYER, BOOKKEEPER,	etc	borer			-
9. Industry or business in white work was done, as SILK SAW MILL, BANK, etc	MILL, TID'	known			Oct.,
Si No American Control of the Contro		11. Total tin	ne (years)		1932
this occupation (month ayear)	nknown	oecal shan	tin thisnknow		-
B IZ. DIN HILL LACE (CITY OF TOWN)	Baltimo Marylan			Other Contributory Causes of importance:	
입 13. NAME	Sidney	Dowrid	ge		
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Jnknown Vest In	dies		Name of operation Date of Was there an	7/10
	fary Yo			23. If death was due to axternal ceuses (VIOLENCE) fill in also the followin	, , , , , , , , , , , , , , , , , , , ,
16. BIRTHPLACE (city or town)				Accident, suicide, or homicide? Oate of Injury Where did injury occur?	~
17. INFORMANT John E (Address) Henryto	o'Nei	11, M.	D.	(Specify city or town, county and Sta Specify whether injory occurred in INDUSTRY, in HOME, or in PUBLIC PL	te) .ACE.
18. BURIAL, CREMATION, OR REMOV	/AL	ate 2/13	3/33 ,19	Manner of injury	
19. UNDERTAKER 8-9-1	5 18 C	W-B	Allest	24. Was disease or injury in eny wey related to occupation of deceesed?	no:
20. FILED 2/11/33, 19	John	6,0	Weice.	(Signed) Thu 6011	ell M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH (11578
1. PLACE OF DEATH	108)
County Carrell	Registration Dist. No.
Village or Cityle - Silve Kun	NoSx.,Ward
Length of residence in city or town where death occurredyrs,	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Mrs Margaret a. y. Ox	6
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yaar)
5a. If married, widowod, or diversed HUSPAND of (or) WIFE of Was Carb	22. HEREBY CERTIFY That I attanded deceased from
6. DATE OF BIRTH (month, day, and year) July 3, 1891	I last saw h en alive or Fol 1/ 1933 death is sald
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at 10.344m.
44 7 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
2 Trade profession or particular	were as follows. Oate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and spent in this security).	
SAW MILL, BANK, etc.	(scrote Condocasditio Feb. 1)
O AD Date deceased last worked at this occupation (month and year) spent in this occupation	Dolar Ineumonia Feb!
12. BIRTHPLACE (city or town) Savuell Bo MD.	Other Coutributory Causes of importance:
(State accountry)	Folliewantonsilliter Jet 8
14. BIRTHPUACE (city or town)	
14. BIRTHPUACE (city or town)	Name of operation
(State of county)	What test confirmed diagnosis? They was there an autopsy?
15. MAIDEN NAME STUME & V. CAPPUNDE 16. BIRTHPLACE (city or town).	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country.)	Accident, suicide, or homicida? Oate of injury, 19
17. INFORMANT Mrs. Any Stearer	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL CREMATION OR REMOVAL)	Manager of Indiana
Placed and Man buthlead Date Jeb. 14, 1933	Nature of injury
19. UNOERTAKER OUT MONTH OF THE PROPERTY OF TH	24. Was disease or Injury In any way related to occupation of deceased?
(Address) and own ship	If so, specify Woter
20. FILEO TEl. 13 2 19:33 Colonia Branco Registrar.	(Signed) M. D. (Address) M. D. (Address) M. D. (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

should state

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(53)
county Carroll	Registration Dist. No. 74
Village or City Pykesville	No Oppinghela Hate Hospital St Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
6 7. 1	ds. How long in U.S. if of foreign birth? 56 yrs. When mos luntary ds.
2. FULL NAME Lee Frenkel	2 5
(a) Residence: No. Butturn Md. (Usual place of abode)	St., Ward. Baltimone, Md. If unresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Xi downed.	21. DATE OF DEATH February 2324 (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. A I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, end year) Nov. 18th 1872	Hast sawhun elive on February 232 1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at 1/24 5/4: m.
60 3 5 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trada, profession, or particular	ware as follows: Date of onest Our to
8. Trada, profession, or particular kind of work done, as SPINNER, Travelling Salesman. SAWYER, BODKKEEPER, etc.	Chrome Pulmonary Subtreulous Some 1920
kind of work done, as SPINNER, Marelling Jalesman. SAWYER, BODKKEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, atc. 10. Data deceased last worked et Lukurum 11. Total time (yeers) 5 m.	
SAW MILL, BANK, atc	Pulmonary Hemorrhage. Feb. 23.
11. Total time (yeers) 5 mg. spent in this occupation occupation.	(Inadea Weath) 1933
12. BIRTHPLACE (city or town) Lungsware	Other Contributory Causes of importance:
(Stata or country) German	Jumour of the main cues Inne
13. NAME Jaac Frenkel	malignante (Seft Front of Jake) 1920
13. NAME Laac Frenkel 14. BIRTHPLACE (city or town) Integer	
(State of Country)	Name of operation for Clinocal and Post Montem funding Was there an autopsy? He
15. MAIDEN NAME Celise Kohn 16. BIRTHPLACE (city or town) Ludamoon (State or country)	23. If death was due to external causes (VIDLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town) Luchanova	Accident, suicide, or homicide? Date of injury, 19
(State of Country)	Where did injury occur?
17. INFORMANT Springfield Ital Hospital (Records) (Address) Parkesville, Ind	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Spriate Line Date 400.20, 1933	Nature of injury
19. UNDERTAKER Heer whom In.	24. Wes disease or injury In eny way related to occupation of deceased? No
(Addiess) Syptionile Mid.	If so, specify A
20. FILED 46.23 1933 Charry Ween	(Signed) John M. M. D. M. D.
Registrar.	(Address) A.J. A. Tykesville, Mil.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

If more blanks are heeded, staress State Registrar, 2411 N. Charles Street, Baltimore, Requesting U S. No. 1.

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750			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 01581
1. PLACE OF DEATH	(23)
County County County	Registration Dist. No.
Village or City LyResalle,	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	
2. FULL NAME Mary & Gassarva	4 -
(a) Residence: No. Aufter (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jensole Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Long = 4 = 1933, (Month) (Day) (Year)
5a. If married, widowed, or divorced	
(or) WIFE of James Gastaway	1 HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 1877 - 4 -/1	I last saw here alive on tree 7 19 33 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated abova, at 4 @!m.
55 10 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	were as follows:
kind of work dona, as SPINNER, Journey -	Gubmonary Juberculors
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
SAW MILL, BANK, etc	
O 40_Data deceased last worked at this occupation (month and year)	ist.
10 40 - 400. 1-	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country) Many Land	manlion
13. NAME Jashua Cootte	
14. BIRTHPLACE (City or town) Lo avall Less	Name of annualist
(Stata or country)	Name of operation Date of Was there an au'opsy?
15. MAIDEN NAME Marthas Diens.	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Sandles,	Accident, suicide, or homicide?
(State or country) They have	Whera did injury occur?
17. INFORMANT Sames Gassaroug - (Address) DP. F. D. Agkesoille, Med.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place thate coef Combage = 7-by 6, 1933.	Nature of injury
19. UNDERTAKER 6 M. Stalt, (Address)	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED 721 5-, 133 and M. Freditter	(Signed Carriel 10 Spreeker M. D. (Address) Soulce Antile 744
If more blanks are nleded, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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3	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 wcek ago	
July 5,1927	Peritonitis	3 days ago	
<u></u>			
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	Date of onset	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

LION

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. Village or City. Length of residence in city or town where death occurred. How long in U.S. if of foreign birth? ______vrs. _____mos. ____ds. (a) Residence: No. St., Ward. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5, SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) Augle, (Month) 5a. If married, widowed, or divorced HUSBAND of 22. 11 HEREBY CERTIFY. That Lettended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Days to have occurred on the date stated above. et 100 Months If LESS than 1 dey, _____ hrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance or min. were as follows Date of onset 8. Trade, profession, or particular NOI kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc OCCUPAT 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc ... ID. Date deceased last worked at 11. Total time (years) this occupation (month end spant in this occupation ____. Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) . J. (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) Name of operation. (State or country) What test confirmed diagnosis?_____ Wes there an autopsy?____ MOTHER 15. MAIDEN NAME 23. If deeth was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town). Accident, suicido, or homicide?_____ Date of Injury______ 19____ (State or country) Where did injury occur?____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAE Manner of Injury Nature of injury 24. Was disease of injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify Registrar. (Address)

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S	2			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

E-SEX

7. AGE

OCCUPATION

FATHER

MOTHER

16. BIRTHPLACE (city or town (State ar country)

17. INFORMANT EMOS

(Address) 18. BURIAL, CREMATION, OR REM

(Address)

19. UNDERTAKER

20. FILED

STATE OF MARYLAND—CERTIFICATE OF DEATH

rich	from Chronic Myo carditie
and , 11. Total time (yeers) spent in this occupation. Haward Bo W.A.	Other Contributory Causes of importances Marringary Carlin 877
Howard to rud	Name of operation
ginia Brown Transand la Med. drey Harfo Junter relle Wed	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
OVAL Date Feb. 26, 1933	Manner of Injury Nature of injury
ton Sous int Cet was 33 CHOLLY HEEN Registrar.	24. Was disease or Injury in any way related to occupation of deceased? If so, specify (Signed Amel B. M.D. (Address) Ages as will and M.D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—	CERTIFICATE OF DEATH #158	14
1. PLACE OF DEATH	11-0	
County Carrot	Registration Dist. No. 00	
Village or City Hoodbure	NoSt.,	Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?	ds.
2. FULL NAME William M. Han		
2. FOLL NAME		
(a) Residence: No. (Uaual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE Note of Divorced (write the word)	21. DATE OF DEATH feby - 40 = ,193 3 (Month) (Day) (Yei	},
5a. If married, widowed, or divorced HUSBAND of		
(or) WIFE of	22. 1 HEREBY CERTIFY. Thet I attended deceased	from
6. DATE OF BIRTH (month, day, and year) 1868 - 7 - 4	21 6 20 33	200
6. DATE OF BIRTH (month, day, and year) /8 6 7 - 4 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et / P. m.	is said
/ / 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8 Trade profession or particular A	were as follows:	onset
kind of work done, as SPINNER, tasso dalorar. SAWYER, BOOKKEEPER, etc.	Pronstial Jacus on 2	de
kind of work done, as SPINNER, faster delivered by SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this security is security in this security in this security in this security in this security is security in this security in this security in this security is security in this security in this security in this security is security in this security in this security in this security is security in this security in this security in this security is security in this security in this security in this security is security in this security in this security is security in this security in this security in the security is security in the security in the security in the security is security in the security in the security in the security in the security is security in the security in the security in the security is security in the security in the security in the security is security in the security in the security in the security is security in the security in the security in the security is security in the security in the security in the security is security in the security in the security in the security is security in the security in the security in the security is security in the security in the security in the security is security in the s		8
work was done, as SILK MILL, SAW MILL, BANK, etc		
O 10. Date deceased last worked at this occupetion (month and year) year)		
6	Other Contributory Causes of importance:	
(State or country) 12. BIRTHPLACE (city or town) (State or country)		
	onjuinza 10	VIS
I I mandhelmen	non	
(State or country)	Neme of operation Dete of	212
15. MAIDEN NAME Many & Trule	What test confirmed diagnosis Anna Carl Sund Washing an autopsy?	
1/2	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	
O 16. BIRTHPLACE (city or town) Stete or country) Many Land	Where did injury occur?	
17. INFORMANT William R. Hawte,	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
(Address) Probelone, Md. 18. BURIAL, CREMATION, OR REMOVAL 1 12 12 12 12 12 12 12 12 12 12 12 12 1		
Place Morgan chapel Consty = feby 73,9 33	Manner of injury	
Am mat	Nature of injury	
19. UNDERTAKER Districted Made (Address)	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED FELO 22, 133 Juga M. Newell	(Signed) White Volume (Address) Mark	_M. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Chronic interstitial nephritis Mar A 3000	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIA	W

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	586
1. PLACE OF DEATH		46/	,
County Carroll		Registration Dist. No.	4
	State Hosnita	l, NoSykesville, Md. St.,	Ward
	- (If	death occurred in a hospital or institution, give its NAME instead of street and num	ber)
Length of rasidence in city or town where death	occurred 31 yrs, 2 mos		ds.
2. FULL NAME Augusta He	llwig		
(a) Residence: No. Baltimore		St., Ward,	
(a) Residence. No. 202	(Usual place of abode)	If nonresident give city or town and Sta	ite
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. White	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH February 17 (Month) (Day)	93 3 (Year)
5a. If marriad, widowed, or divorced HUSBAND of		22. 1 HEREBY CERTIFY, Thet i attended dec	pased from
(or) WIFE of Richard Helly	rig	A	19 33
71-1-	3050	last sawh er alive on February 17 19 33	,
6. DATE OF BIRTH (month, day, end year) Unkr	Days If LESS than	to heve occurred on the date statad above, at 8:50 m.	100111 13 0010
	1 dayhrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance	
74 Unk	Unk ormin.	were es follows: Cancer of Pancreas	Date of onset
8. Trada, profession, or particular kind of work done, es SPINNER,	lousewife	Vancer of rationeds	OTHE
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data daceased last workad at this occurrencement and	\$X XX X X X X X X X X X X X X X X X X X		
work was dona, as SILK MILL, SAW MILL, BANK, etc			
10. Data daceased last worked at	11. Total time (yaars)		
this occupation month and year)	spant in this occupation Ur		
12. BIRTHPLACE (city or town) Germany (State or country)	7	Other Contributory Causes of importance:	
	Ferio	-	
		Neme of operation Cholecystogas trostomy, Date of 2-	16-35
14. BIRTHPLACE (city or town) Germa	MY		
(Ottoto or oversity)	D1-1	Whet test confirmed diagnosis? Operation Was there an euto	opsy?
15. MAIDEN NAME Christiena 16. BIRTHPLACE (city or town) Germa		23. If death was due to axternal ceuses (VIOLENCE) fill in elso tha following:	
0 16. BIRTHPLACE (city or town) Germa	any	Accident, suicide, or homicide? Dete of injury	, 19
≤ (Steta or country)		Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT S. S. Hospits (Address) Sykesville	Al Records	Specify whether Injury occurred in INDÚSTRY, In HOME, or In PUBLIC PLACI	E.
18. BURIAL, CREMATION, OR REMOVAL	4/10	Manner of Injury	
Springfield Cerra.	Date 1 26 . 19 . 1933	Nature of injury	
19. UNDERTAKER Heer To	v due.	24. Was disease or injury In any way related to occupation of deceased?	0

Registrar.

(Signed).

o) John L. Wilhered (Address) S. S. Lewsp., Sy perville, Med.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 01587
1. PLACE OF PEATH	95%
County - le arrell	Registration Dist. No. 76
Village or City Westmins 13	No. C groll County Hymist, Ward
1/ 2 (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred	ds. How long in U.S. If of foreign Wirth?yrsds.
2. FULL NAME Jumigh Helderbri	dla
(a) Residence: No. Western mester R.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
May White Single	(Month) (Oay) (Yeer)
5a. If married, widowed, or divorced HUSBANO of	22. LHEREBY CERTIFY, That I attended deceased from
(or) WIFE of	Frf 1 1933 to FA 6 1933
6. DATE OF BIRTH (month, day, and year) Se 145.6	I last saw have alive on FSB 4 , 19.5 3; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
77 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as fallows:
R Trade profession or particular	Certico - o Chroses Oute of encet
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Salvorus	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occumation (month and	
SAW MILL, BANK, etc	
this occupation (month and 452 spent in this occupation	
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	7-0-0
	ardia di compressarione
Ξ	6 900
4 14. BIRTHPLACE (city or town) (Stete or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
Į į	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
0.2 4	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. informant (Magnetic Andrews)	Specify whether injury occurred in thousand, in nome, of in Public Place.
18. BURIAL, CREMATION, OR, REMOVAL	Manner of injury
Place Dane Com. Date 10 1953	Nature of Injury
10 marray UB untered Lan	25 Was disease or injury In any way related to occupation of deceased?
19. UNDERTAKER (Address) Was Lymphia Mid	It/so, specify
20 51150219 15 Fillers	(Signed) M. D. Hours M.D.
20. FILEO	(Address) Westministert
If more blanks are needed address Costs Design	A Chala Charle Dation B. C. M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis ,	3 days ago		
Other contributory causes of importance:	,	Other contributory causes of importance:			
· Gallstones	May 1,1923	Gastroenteritis	1 year		

(Address)

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
	-		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	STATE OF MARYLAND—	CERTIFICATE OF DEATH 01589
1	. PLACE OF DEATH	29
	County Carroll	Registration Dist. No. 75
	Village or City manchesles	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence In city or town where death occurred 13-yrsmos.	
2	FULL NAME Annie M.	Hosfeld
	(a) Residence: No. Jork St. Mauchester Hd. (Usual place of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3.5	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (price the word)	21. DATE OF DEATH Feb 2 nd, 193 5 (Month) (Day) (Year)
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of 1//2 F A/ A A A	22. I HEREBY CERTIFY, That I attended deceased from
_	21/2/14/63	Jan 1933, 10 Feb 2 , 1933
	DATE OF BIRTH (month, day, and year) UM 25-18/0	I last eaw h. An alive on 7.20 2 , 19.33; death is sald
7. /	AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
	92 7 0 ormin.	were as follows:
NO	8. Trade, profession, or particular kind of work done, as SPINNER,	Milwonary Juberenloses 1915
ATI	SAWYER, BDOKKEEPER, etc. 60.00001111111111111111111111111111111	<i></i>
UP/	work was done, as SILK MILL, SAW MILL, BANK, etc.	······································
OCCUPATION	1D. Date deceased last worked at this occupation (month and 1022 spent in this	
	year) John 1123 occupation	Other Contributory Causes of importance:
12.	BIRTHPLACE (city of town)	Direct Conditionary Causes of Importance.
	(State or country) manylama	
FATHER	13. NAME Christian Hunt	
AT	14. BIRTHPLACE (city or town)	Name of operation
	(State or country) Germany	What test confirmed diagnosis? Was there an autopsy?
MOTHER	15. MAIDEN NAME Chill & Shoff or	23. If death was due to external causes (VIDLENCE) fill in also the following:
0	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury,19
Σ	(State or country) Gorney	Where did injury occur?
17.	INFORMANT albert & Bray Mel	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL	Manner of injury
time to	Place Mancholle Date Tel, 5-19 53	Nature of injury
19.	UNDERTAKER Jacob Winks Lows (Address) men aller med	24. Was disease or injury in any way related to occupation of deceased?
20.	FILED Feb 4 , 19 3 3 Mm. H. R. S. Danier Registra.	(Signed) WRohenner M. D. (Address) Wanchester Md.



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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

If more blanks are needed, addre s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLA

PLACE OF DEATH



(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from tired 6 yrs. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know on the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. gaged in domestic service for wages, as Servant, Cook ployed. as At school, or At home. Care should be taken definite salary, may be entered as Housewife, House en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, Housemund, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-(b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material -Coal mine, etc. Wom-(b) Grocery;

Strtement of Cause of Death—Name, first, the DISEASE CAUSING DEATH the primary affection with respect to time and causation, using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Linktheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Sanile," etc.), "Dropsy, "Ezhaustion," "Heart failure," "Haemorrhage, atie), "Atrophy," "Collapse," "Come," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; approved by as fracture of skull, and consequences (e.g., sepsis Examples: Accidental drowning; Struck by railway train and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was underdiseases restlting from childbirth or miscarriage as can be ascertained as the cause. (secondary or intercurrent) Chronic interstitical nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of death FOR VIOLENT DEATHS state MEANS OF INJURY cough; Committee on Chronic affection need valeular Nomenclature Always qualify all heart disease; not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

of OCCUPA.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE	OF DEATH			W7.
County	Carroll Cou	nty		Registration Dist. No.
	700-		(If	eldio State Hospital St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FIII 1	NAME George K	armrodt		
	sidence: No. 2525 W.		e St., Ba	1to, Md. Ward. If nonresident give city or town and State
PERS	SONAL AND STATIST			MEDICAL CERTIFICATE OF DEATH
3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MAI	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH February 6 (Month) (Day) (Year)
5a. If married, y HUSBAND (or) WIFE	widowed, or divorced of			22. I HEREBY CERTIFY. That I attended deceased from February 1 19 33 to February 6 19 33
6. DATE OF BI	RTH (month, day, and year) M	ay 26,	1890	Hast saw h im alive on February 6 , 19 33; death is said
7. AGE 42	Years Months	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 6:30 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, kind	profession, or particular d of work done, as SPINNER, VYER, BDDKKEEPER, etc.	None		Broncho pneumonia Feb. 1
9. Industr	y or business in which k was done, as SILK MILL, V MILL, BANK, etc			
- fills	eceased last worked at occupation (month and r)	spe	time (years) ent in this upation	
	E (city or town) Baltim	ore, Man	ryland	Dther Contributory Causes of importance: Epilepsy Over 40 yrs
13. NAME	George Karmr	odt		
H 14. BIRTHP	LACE (city or town) Balt stee or country)		Id.	Name of operation
15. MAIDEN	NAME Mary S	tahl		23. If death was due to external causes (VIOLENCE) fill in also the following:
	LACE (cily or town) Bal	timore,	Md.	Accident, suicide, or homicide?
17. INFORMANT (Address	S. S. Hosp.	Records	5	(Specify city or town, county and State) Specify whelher injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
	emation, or removate Cur	Mate Ter	f. 8 1033	Manner of injury
19. UNDERTAKE		lefrer	ma.	24. Was disease or injury in any way related to occupation of deceased?
20, FILED	6, 6, 1033 Q	Havy	Weev Registrar.	(Signed) John L. Willied M.D. (Address) S. S. Hoppy, Sy her ville, Mid.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterio clerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial neparities 0	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
EEB 13 1033			
Other contributory cause of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Deceased was a patient at the Epileptic Colony of Springfield since April 10, 1915.

1. PLACE OF DEATH	MARTLAND	CERTIFICATE	OF DEF	AII U	11992
County Carroll	HE COMPC 14:	99	Registration	Dist. No. 7	6
Village or City ON Latrons Length of residence in city or town where deat	(1	No. 194 Pea f death occurred in a horpital or institu s. 28 ds. How long In U.S. if o	om av	E instead of street ar	Ward
2. FULL NAME Wesley	Willer	King	or roleigh birth?	yrs	_mos,as
(a) Residence: No. 194 NS	(Usual place of abode)	St., Ward.	If nonresident	t give city or town a	and State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL C	ERTIFICATI	OF DEATH	
male white	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	File (Month)	2 4/s (Day)	., 193 <u>3</u> (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY 2-22-	CERTIF	2-2	ed deceased from
6. DATE OF BIRTH (month, day, and year) Ma 7. AGE Years Months 2	2 & - 1930 Days If LESS than 1 day,	to have occurred on the date state The PRINCIPAL CAUSE OF DEAT			; death is said
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	i dissessining	were as follows:	ia (Asi	earis)	Date of onset
12. BIRTHPLACE (city or town) Westman (State or country) 2 m arm	occupation existen	Other Contributory Coses of Impo	ortance:	ma	
13. NAME Alvah J. B. 14. BIRTHPLACE (city or town) Weather (State or country) Maryla	ing unster nd	Name of operation		Date of	2
15. MAIDEN NAME Elegabeth 16. BIRTHPLACE (city or town) AN estr (State or country) 2m arry 17. INFORMANT Alvah J. At (Address) Westmins	Richter ninster Cand ling	23. If death was due to external cau Accident, suicide, or homicide? Where did injury occur? Specify whether injury occurred in	(Specify city o	Date of Injury	, 19 State)
18. BURIAL, CREMATION, OR REMOVAL	Date 7. eb- 26, 1933	Manner of injury Nature of Injury			
19. UNDERTAKER Horibar (Address) (Av esbrunder	d + sgn	24. Was disease or Injury In any w If so specify (Signed)	ay releted to occup	pation of deceased?	- M .
20. FILED, 19 3 7 7	Registrar.	(Address)	Velope	endel.	hed "

CTATE OF MADVIAND CEDTIFICATE OF DEATH

61200

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	2	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PL	ACE OF DEATH					
Co	ounty Car	rall			Registration Dist. No.	74
Vi	llage or City Dy	Kes	ville		Morningfield State Host	Ward
	ength of rasidence in city or	r town where	dooth popured	Tyrs 9 mos	death occurred in hoppital or institution, give its NAME instead of street ds. How long in U.S. if of foreign birth?yrs	and number)
	10	town where	udatii occurred	P.	yrsyrs	mosas.
	ILL NAME	nu l	The No	nowie	Batte	m
(a) Residence: No. 🖊 📜	13 0	(Usual plage	of abode)	St., Ward! If nonresident give city or town	Mod.
P	ERSONAL AND	STATIST			MEDICAL CERTIFICATE OF DEAT	
3. SEX	4. COLOR O		5. SINGLE, MARI	RIED, WIDOWED.	21. DATE OF DEATH	
Feren	ele Whil	, .	OR DIVORCED	(norite the word)	(Month) (Day)	
5a. If mar	ried, widowed, or divorced BAND of		trek we	euce.	(Month) (Day)	(Year)
(or)	WIFE of - Kneed	//	un	Cuswu.	22. 1 HEREBY CERTIFY That I atter	nded daceasad from
	manife de la constantina della	10	13 Tuan	the + day	10 7 10 The 22	3 3
6. DATE 0	OF BIRTH (month, day, and Years	d yaar) / 8 6 Months	Days	If LESS than	to have occurred on the date stated above, at 19	2.2; death is said
AGE	69	5	}	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance	
8 7	rade, profassion, or particu	ulor (-	1	ormin.	wera as follows:	Date of onsat
NO.	kind of work done, as S SAWYER, BOOKKEEPER,	PINNER.	lones		cerebral, Wemmhan	Jan 10 3
OCCUPATION 10.0	ndustry or business in whi	ich				July-
3 X	work was done, as SILK SAW MILL, BANK, etc					
0 10.0	ate dacaased last worked this occupation (month a	at ind	11. Total ti	me (years) t in this		
	year)	3-01	0000	pation	Othar Contributory Causes of importanca:	
	IPLACE (city or town)	Jul C	mare		4	
	State or country)	20	-1	, vec.	6 pelipsy	1879
14. B	AME John /	-00	coorn			
¥ 14. B	IRTHPLACE (city or town). (Stata or country)		Piti		Name of oparation Data	of
œ 15 M	AIDEN NAMELLAR	a a kay	- Muse	Dell		an autopsy?
E	/	7 and	- device		23. If daath was due to external causas (VIOLENCE) fill in also tha folk	
Q 16. B	IRTHPLACE (city or town). (State or country)	7	ud.		Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
	Stor X	(map)	NIFT	volo.	(Specify city or town, county and Specify whethar Injury occurred in INDUSTRY, in HOME, or in PUBLI	State)
17. INFOR	ddress)	4/10	villo -	mdi.	Specify whethat injury occurred in TND03TK1, in HOME, OF IN PODE	L PLACE.
18. BUR	L, CREMATION, OR REMO	VAL M	1 Y-1	1-	Manner of injury	
PI	Mallima	LIM	Date Date	123,1933	Nature of injury	
19. UNDER	DTAKED Mrs.	v. C	Pook		24. Was disaase or injury in any way related to occupation of deceased	200
	address) Gae	tur	wee	met.	If so, specify	
20. FILED	Leb 23,00	33 Q	Har	y Meel	(Signed) St. Trout	
20. ITEED				Registrar.	(Addrass) S. Honp Kylces	ulle mi

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home kousework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		, 4	7.7
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH U1594
1. PLACE OF DEATH	(H) (1934)
County Carroll	Registration Dist. No. 75
Village or City Deep Run	No. St., Ward
7	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
2. FULL NAME Edith 4. Lease	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH
HUSBAND-of (or) WIFE of	22. HEREBY CERTIFY, That attended deceased from 1-9
6. DATE OF BIRTH (month, day, and year) aug. 184 1913	I last saw h 22 alive on 2 - 20 , 1933; death is said
7. AGE Yaars Months Oays If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 1 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Frade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Oate daceased last worked at this occupation (month and spent in this securation (month and spent in this securation).	Conver of Sigmoid justinos
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	0 4
10. Oate daceased last worked at this occupation (month and yaar)	
12. BIRTHPLACE (city or town) Carroll 60 y. (State or country) manhlund	Other Contributory Causes of importance:
13. NAME Horatio M/ Leese	
13. NAME Moratra M. Leese 14. BIRTHPLACE (city or town) (State or country) Man Man Leese	Name of operation Oate of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Nedah Al Junger	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME hedah A. Ingel 16. BIRTHPLACE (city or town) (State or country) Perma	Accident, suicide, or homicide?Oata of Injury, 19, Whare did injury occur?
17. INFORMANT H. M. Leese (Address) Westmanter Md	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OB REMOVAL Place Backman Md Oate Feb. 23, 1933	Manner of Injury
19. UNDERTAKER Jacob Wrinks Sous (Address) manchester, Md.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Let. 20, 1933 Hrs. 78. P. S. Doules. Registrar.	(Signed) The Gregler M. O. (Address) Faccount 18
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	(VI) (VI) (VI) (VI) (VI) (VI) (VI) (VI)
County Carroll	Registration Dist. No. 75
Village or City Manchester Length of residence in city or town where death occurred 6 Oyrs.	NDSt.,Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) mosds. How long in U.S. if of foreign birth?yrsmosds.
In the	2 2 9
(a) Residence: No. Jork St. M. an cluster (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Pays If LESS that I day,	to have occurred on the date stated above, at 10 P. m.
13. NAME Courad Ritgarthale 14. BIRTHPLACE (city or town) (State or country) Germany	Name of operation Date of What test confirmed diagnosis? Was there an autopsy? 2
15. MAIDEN NAME Barbara Theiret 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, DR REMOVAL Place Manchester Date Feb. 9:19:3	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
19. UNDERTAKER Jacol Whisk's Sous (Address) manchesta my 20. FILED Selv. 8, 1933 Mrs. H. R. S, Dewel Registrar.	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) M. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis Juluo.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

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1. PLACE O County

	CERTIFICATE OF DEATH 01597
Color	Registration Dist. No. 74 No. (above) St., Ward feath occurred in a hospital or institution, give its NAME instead of street and number) s. 23 ds. How long in U.S. if of foreign birth? yrs. mos. ds.
ME Moses Martin	7.4. 37.3
ce: No. 4300 Springdale Ave., I	BALStO., MWard. If nonresident give city or town and State
IAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE Color ed 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH Feb., 20, 1933 193 (Year)
(month, day, and year) May, 13, 1889	22. HEREBY CERTIFY. That I attended deceased from Oct., 28, 19329 to Feb., 20, 1933 death is said
Months Days If LESS than 1 day, hrs	to have occurred on the data stated abova, at. 8. 00 P. M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
ssion, or particular work done, as SPINNER, BOOKKEEPER, etc. business in SILK MILL TITALE	Pulmonary Tuberculosis Sept.

Village or 6 Length of res 2. FULL NA (a) Resider PERSON 3. SEX Male 5a. If married, widov HUSBANO of (or) WIFE of 6. DATE OF BIRTH 7. AGE 8. Trada, profe OCCUPATION kind of SAWYER 9. Industry or work was dona, as SILK SAW MILL, BANK, etc. 1932 10. Data deceased last worked at 11. Total time (years) a deceased last month and nknown spent in thunknown Hvattsville 12. BIRTHPLACE (city or town). Maryland (State or country) Martin FATHER David 13. NAME Unknown 14. BIRTHPLACE (city or town) Maryland (State or country) What test confirmed diagnosis? ____ Was there an autopsy? #40: MOTHER Unknown 15. MAIDEN NAME 23. If death was dua to external causas (VIOLENCE) fill in also tha following: Unknown Accident, sulcide, or homicide?_____ 16. BIRTHPLACE (city or town Maryland (Stata or country) Where did injury occur? ___ (Specify city or town, county and State)
Specify whether injory occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. 17 INFORMANT (Address) Enervton 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Nature of injury. 24. Was disease or injury in any way related to occupation of deceased 19. UNOERTAKER If so, specify 20. FILEO 2/20/33 (Signed). Registrar. (Address) Deput sylow. 008 If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance	5/	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
13/			
* /			

1 2 1	STATE OF MARYLAND	CERIFICATE OF DEATH
infor- state UPA.	1. PLACE OF DEATH	as by registrar-margous muy
	County Carry	Registration Dist. No. 7/
tem of should of OCC	Village or City (If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
t 25 4	Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
CORD. Every item of PHYSICIANS should ct statement of OCC	2. FULL NAME of the William	farid mush,
RECORD. PHYSIC	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
CO L	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
LY.	3. 36X 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
DIN(ACTI assified	5a. If married, widowed or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY That Lattended deceased from
Z To	6. DATE OF BIRTH (month, day, and yeer) 29.1859	1) jest saw h. Julye on John John 1930; death is said
FOR B IS A PE stated I properly certificate	7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, etm.
FOR FIS A Pl stated properly certificat	73 1 16 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
HIS he be of o	8. Trade, profession, or particular kind of work done, as SPINNER AND MANUAL SAWYER, BODKKEELER, etc. M.	Vally Serveration
RV]	9 Industry or business in which work was done as SEK MILL. SAW MILL, BANK yetc. A Constant of the second of the	
INK.	O ID Date deceased test worked at	
RES VG II AGE that ons o	this occupation month and year) spent in this occupation	
2 4 3	12, BIRTHPLACE (city or town)	Other Contributory Causes of importance:
MARGIN RE UNFADING supplied. AGI n terms, so tha	(State or country)	
MARGI UNFAl supplied. n terms, ee instru	13. NAME TO MESSEL	
A D H T	13. NAME 14. BIRTHPLAGE (city or town) (State or country)	Neme of operation Dete of
T -= 70	(State of Country)	What test confirmed diagnosis? Was there an autopsy?
WITT	15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country)	23. If deeth was due to external causes (VIOLENCE) fill In also the following:
	[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
NL	(Stete or country)	Where did injury occur? (Specify city or town, county and State)
E PLAINLY, should be ca OF DEATH	17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place Union town Date blb 10 , 19-3-	Nature of Injury
WRITE mation s	10 th Jon	24. Was disease or injury in any way related to occupation of deceased?
Tom T	19. UNDERTAKER (Address) Janylown Ind	If so, specify
Z M	20, FILED Freb. 16 19 33 Margaret R. Englar	(Signed) M. M.
> z	20. FILED THE 1933 Magase 1, Magase Registrar.	(Address) Delayer The Company
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Waltimore, Requesting U. S. No. 1.

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Example 1		Example -11		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
		TORAIS J		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

	PLAIN
0. 1	-WRITE
S.	B
	ż

(State or country) Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) Manner of Injury Place Date Date 19. UNDERTAKER (Address) 18. BURIAL, GREMATION, OR REMOVAL Place Date Date	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village or City, Maddlebury (If death occurred in a horpital or institution, give its NAME intended street and number) Length of residence in (if) or town where death ordering days in the food institution, give its NAME intended street and number) 2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX (COLOR ORRACE S. SINGLE, MARRIED, WIDOWED) OR DIVORCED farmithe word) OR DIVORCED farmith word) OR DIVORCED farmithe word) OR DIVORCED farmithe word)		
Langth of residence in (if) or town where death occurred. Langth of residence in (if) or town where death occurred. 2. FULL NAME (a) Residence: No. (Usual place of abodo) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR ORRACE 5. SINGLE MARRIED, WHOWAD OR DIVORCED (write the word) OR DIVORCED (write the word) OR DIVORCED (write the word) OR DATE OF BIRTH (month, day, and year) AGE Years Months Days 1 (LESS than 1) SAWYER, BOOKKEPER, etc. S. SINGLE MARRIED, WHOWAD AND	County Carrall	Registration Dist. No. 80
Langth of residence in (if) or town where death ordering the second in a hospital or institution, give its NAME intered at abusher) 2. FULL NAME (a) Residence: No. (Usual pince of shoole) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR ORRACE 5. SINCLE MARRIED, WHOWED OR DYORCES (switch the word) 5. If married, "divinced, or divorced (for)—Jules—or which the word) (CO)—Jules—or Watter—or Watter—or which was done as SILK MILL No. 8. Trade profession, by particular with ER SAWYER, BOOKEEPER, etc. 3. Industry for bushess in which Reverse of the securation (months and work was done as SILK MILL 10. Obes deceased fast, were a stilk MILL 11. Told time (year) 12. IBRITHPLACE (city or town) (State or country) What test confirmed diagnosis? Name of operation. Solide or country) What test confirmed diagnosis? Name of operation. Solide or country) What test confirmed diagnosis? Name of operation. Solide or country) What test confirmed diagnosis? Name of operation. Solide or country) What test confirmed diagnosis? Name of operation. Solide or country) What test confirmed diagnosis? Name of operation. Solide or country) What test confirmed diagnosis? Name of operation in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occur? Society or town, country and State. 24. Was disease or injury in any way related to occupation of deceased? What test confirmed in INDUSTRY, in HOME, or in PUBLIC PLACE. (Signed). Manner of injury Nature of injury 19. UNDERFARE OUT A specify whether injury occur? Society whether injury occur? Society or town, country and State. 25. Was disease or injury in any way related to occupation of deceased? What test confirmed in injury Nature of injury 19. UNDERFARE OUT A specify whether injury in any way related to occupation of deceased? What test confirmed in the public place in injury in any way related to occup	Village or City Middleburg	NoSt Ward
2. FULL NAME (a) Residence: No. (Usualplace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE MARRIED, WIDOWAD, OR MOTHER BY COLOR OR RACE (OR) DIVORCED (switch the word) OR DIVO		f death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OF RACE 5. SINCLE, MARRIED, WIDOWRD, OR DIVORCED (service the word) OR DIVORCED (service the word) Sa. If married, on the date of the particular	X (/X) 2 .	
PERSONAL AND STATISTICAL PARTICULARS 1. SEX 1. COLOR OR PACE 1. S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (switch the word) 1. DATE OF DEATH 2. DATE OF BIRTH (month, day, and year) 3. Track, profession, it particular 4. DATE OF BIRTH (month, day, and year) 4. Date of Death 4. DATE OF BIRTH (month, day, and year) 4. DATE OF BIRTH (month, day, and year) 5. If married, which day, and year) 6. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE 8. Tracke, profession, it particular 9. AGE 9. AGE 8. Tracke,		mck
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OFRACE 5. SINGLE, MARKED, WIDOWED, OR DIVORCED Course the word 6. DATE OF DEATH 2. LI HE REBY CERTIFY, That I sitingfed decessed from 1. Lists saw Limiting on the course of the state of the sta		
3. SEX 4. COLOR OR PACE OR DIVORCED (write the word) Sa. If marries Named, Bufforced (cor) JASACP or (Cor) JASACP (Cor)		
5.0 LITE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE 7. AGE 8. Trade, profession, br particular kind of work done, as SPINNER, 8. Trade, profession, br particular kind of work done, as SPINNER, 8. Trade, profession, br particular kind of work done, as SPINNER, 8. Trade, profession, br particular kind of work done, as SPINNER, 8. Trade, profession, br particular kind of work done, as SPINNER, 8. Trade, profession, br particular kind of work done, as SPINNER, 8. MARCH ROUNKEERER, etc. 8. SAWILL, BARK SW. MILL, B	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 24 18 193 3.
6. DATE OF BIRTH (month, day, and year) Name 23 - / 45 7 7. AGE Years Months Days If LESS than 1 day	5a. If married, whowed, or divorced	(101)
7. AGE Years Months Days If LESS than 1 day,	(or) Mille of Colla Virginia Minnick	7
7. AGE Years Nonths 1 day,	6. DATE OF BIRTH (month, day, and year) Way 23 - 1457	I last saw Mulliwe on Jalu 12 1933 death is sale
8 2 6 1 day, hrs. or min. The PRICIPAL CAUSE OF DEATH and related causes of importance were agriculture. Saving of work done, as SPINNER SAWYER, BOOKKEPER, etc. S. Industry or business in which work was done, as SILK MILL SAKK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town). (State or country) 13. NAME 14. BIRTHPLACE (city or town). (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT 17. INFORMANT 18. BURIAL, REMOVAL Place 19. UNDERTAKER 10. Date of minury were agriculture. (Address) 19. UNDERTAKER 10. Date of minury were agriculture. (Signed). (M. D.	7. AGE Years Months // Days If LESS than	
S. Trade, profession, br particular kind of work done, as SPINNER. SAWYER, BOOKKEPPER, etc. Sindustry or business in which work was done, as SILK MILL Control of the season of the se		The PRINCIPAL CAUSE OF DEATH and related causes of importance
12. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, CREMATION OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED 21. Deter Contributory Causes of importance: Other Contributory O	8 Trade profession or particular	Teneralized arterio Delessis Onte of onset
12. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 17. INFORMANT 18. BURIAL, CREMATION OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. FILED 10. Accident, suicide 10. Accident, suicide, or homicide? 10. Specify city or town, country and State) 19. UNDERTAKER (Address) 19. (Signed) 19. (Signed) 10. (Signed) 10. (Signed) 10. (Signed) 11. (Signed) 12. BIRTHPLACE (city or town) What test confirmed diagnosis? Was there an autopsy? What test confirmed diagnosis? Was there an autopsy? What test confirmed diagnosis? Accident, suicide, or homicide? Date of Injury Where did Injury occurr? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury 19. (Signed) 19. (Signed) M. D.	A Januarry or business in which work was done as SLIK MILLS	V
12. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, CREMATION OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED 21. Deter Contributory Causes of importance: Other Contributory O	SAW MILL, BANK, etc.	
13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. FILED 11. Place 11. INFORMANT (Address) 12. BIRTHPLACE (city or town) (State or country) 13. NAME (Address) 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Was there an autopsy? What test confirmed diagnosis? Was there an autopsy? Accident, suicide, or homicide? Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Nature of Injury 19. UNDERTAKER (Signed) 16. Signed) Manner of Injury 19. Where did Injury Nature of Injury Nature of Injury Nature of Injury (Signed) Manner of Injury Nature of Injury Nature of Injury Manner of Injury Nature of Injury Nature of Injury Manner of Injury Nature of Injury Nature of Injury Manner of Injury Nature of Injury Manner of Injury Nature of Injury Nature of Injury Manner of Injury Nature of Injury Nature of Injury Manner of Injury Nature	2hant tu full	
(State or country) 13. NAME (City or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION OR REMOVAL Place 19. UNDERTAKER 19. UNDERTAKER 10. STATE 11. DATE (City or town) (Address) 10. FILED 11. ON THE COUNTRY 11. STATE 12. UNDERTAKER 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, CREMATION OR REMOVAL Place 19. UNDERTAKER 19. UNDERTAK	12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
What test confirmed diagnosis? Was there an autopsy? What test confirmed diagnosis? Was there an autopsy? Was thest confirmed diagnosis? Was there an autopsy? Was the autopsy and succurate and succu		(12,160) Cardias Delitation
What test confirmed diagnosis? Was there an autopsy? What test confirmed diagnosis? Was there an autopsy? Was thest confirmed diagnosis? Was there an autopsy? Was the autopsy and succurate and succu	# 13. NAME Thas Edward munich	
What test confirmed diagnosis? Was there an autopsy? What test confirmed diagnosis? Was there an autopsy? Was thest confirmed diagnosis? Was there an autopsy? Was the autopsy and succurate and succu	14. BIRTHPLACE (city or town)	Name of operation Date of
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION OR REMOVAL Place Date	(State or country)	24 4 /
Where did Injury occur? Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) Manner of Injury Place Date 19. UNDERTAKER (Addless) 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Manner of Injury Nature of Injury 19. UNDERTAKER (Addless) 16. So, specify (Signed) M. D M. D	I 15. MAIDEN NAME Mary fludrilleson	
Where did Injury occur? Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) Manner of Injury Place Date 19. UNDERTAKER (Addless) 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Manner of Injury Nature of Injury 19. UNDERTAKER (Addless) 16. So, specify (Signed) M. D M. D	o 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Y VAS. (Address) 18. BURIAL, CREMATION OR REMOVAL Place Date Deb. 2 1, 19 3.3. 19. UNDERTAKER OD Manner of Injury (Address) 24. Was disease or injury in any way related to occupation of deceased? 16. specify (Signed) (Signed) Manner of Injury Nature of Injury (Signed) Manner of Injury (Signed) Manner of Injury (Signed) Manner of Injury Nature of Injury (Signed) Manner of Injury (Signed) Manner of Injury Nature of Injury Manner of Injury Manner of Injury Nature of Injury Manner of Injury M	(State or country)	
Place Winters Date 21, 1933. Nature of Injury Nature of Injury 19. UNDERTAKER COMMENT OF CONTROL OF CONTRO	II. INTORNIANT	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
19. UNDERTAKER COLUMN 24. Was disease or injury in any way related to occupation of deceased? NO 19. UNDERTAKER COLUMN 24. Was disease or injury in any way related to occupation of deceased? NO 16 so, specify (Signed) 4. M. D M. D Mature of Injury 19. UNDERTAKER COLUMN 24. Was disease or injury in any way related to occupation of deceased? NO (Signed) 4. M. D M. D Mature of Injury 19. UNDERTAKER COLUMN 24. Was disease or injury in any way related to occupation of deceased? NO (Signed) 4. M. D	11: +000	Manner of Injury
(Address) and I so, specify 20. FILED Ich 21, 193) Engle & Brenadesh (Signed) ILA Thomash M. D	Place	Nature of injury
20. FILED Jeh 21 , 193) Engle & Beneder (Signed) July March M. D		
		(Signed) ALA M.D.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
Vausiones	11491,1020		

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Corrall	Registration Dist. N
Village or City Hampsteal	No
' 1/6/	death occurred in a hospital or institution, give its NAME instea
B 6211. Ann	'Ana
2. FULL NAME / L VILLENE (//////)	Ward.
(a) Residence: No. (Usual place of abode)	On., waru. If nonresident give cit
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) There is a superior of the word)	21. DATE OF DEATH Feferal (Month)
5a. If merried, wednesd, or diversed HUSBAND of Mabel abbatt Munay	22. I HEREBY CERTIFY, Th
6. DATE OF BIRTH (month, day, and year) Jan 17-1884	I last saw h alive on
7. AGE . Years Months Days If LESS than	to have occurred on the date stated above, atn
49 — 76 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of in were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, A a place	Monoride &
kind of work done, as SPINNER, Gashuer SAWYER, BDDKKEEPER, etc. 9 Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceesed lest worked at MILL, bis corruption (month and	accidental pairing by know
work was done, es SILK MILL, SAW MILL, BANK, etc.	Jan curso / Will h
0 10. Date decessed lest worked at 7/5/22 11. Total time (years) spent in this	To 1 22/23
year) / 33 occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Manyland (State or country)	
13. NAME Whitsield murry	
13. NAME Whilsteld Whinney	Name of operation
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME Salling Price 16. BIRTHPLACE (city or town) Wantfund	23. If deeth was due to external ceuses (VIOLENCE) fill in als
0 16. BIRTHPLACE (city er town)	Accident, suicide, or homicide? Accident Dete ef
(State or country)	Where did Injury occur? (Specify city or town,
17. INFORMANT Cables Muning. (Address) Dampstead Ond	Specify whether Injury occurred In INDUSTRY, in HOME, or
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece Haufman Ma Dete Do., 1913	Neture of Injury
19. UNDERTAKER Sall Chipson	24. Was disease er Injury In any way related to occupation of
(Address) tambete and Than	If so, specify
20. FILED Jeb 1 7, 1903 Sarris heister.	(Signet) (Address) Solution
Registrar.	(nuuros) A. T

(78)	Registration Di	st. No	7
No. eath occurred in a hospital or insti ds. How long In U.S. if	tution, give its NAME i		Ward mumber) ds.
say			
CSC., Ward.		ve city or town ar	nd State
	CERTIFICATE	OF DEATH	
21. DATE OF DEATH	1	115	-
7.9	(Month)	(Day)	, 193 3 (Yoar)
	YCERTIFY		
I last saw h alive on .	, 19, to		19 death is said
to have occurred on the date sta	ated ahove at		
The PRINCIPAL CAUSE OF DE			
were as follows:	oxide-	Gion	Date of onset
7/10/10		par !	
Juguelas Franciscas Franciscas	Will	be h	elt
Other Contributory Causes of im			
Name of operation			
What test confirmed diagnosis?_		Was there ar	autopsy?
23. If deeth was due to external c	euses (VIOLENCE) fill I	n also the followl	ng:
Accident, suicide, or homicide?	accident. De	te ef injury	, 19
Where did Injury occur?			
Specify whether Injury occurred	(Specify city or to In INDUSTRY, in HOM	wn, county and St E, or in PUBLIC F	PLACE.
Mannae of Injury			
Manner of Injury			
Neture of Injury			
24. Was disease er Injury In any	way related to occupati	ion of deceased?	
If so, specify			
(Signett)	lette	-Cos	con 2ms
(Address)	Elimo	mela	- Mu

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BULLEAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	_ [

S. No.

19. UNDERTAKER

(Address)

(Year)

Date of onset

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

If so, specify

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			יע':	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	01603
County Carroll	Registration Dist. No.
Village or City East Niew	No. St., Ward
Langth of residence in city or town where death occurred 4.4 yrs. // mos	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Charles albert nis	a liting of
(a) Residence: No.	St., Ward,
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male of the married married married mond	21. DATE OF DEATH February 3, 1933 (Month) (Day) (Yaar)
5a. If married, widowad, or divorced HUSBAND of many E. nighting ale (or) WIFE of	22. I HEREBY CERTIFY, That I attanded deceased from Reacher 1932 to February 3 1933
6. DATE OF BIRTH (month, day, and year) In arch 6-1888	Hast saw hemalive on Feb 3 1933: death is said
7. AGE Years Months Days If LESS than	to have occurred on tha date stated above, at 3:00Am.
44 11 7 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and ralatad causes of importance wara as follows:
8. Trada, profession, or particular kind of work dona, es SPINNER, Farmer SAWYER, BOOKKEEPER, etc.	Chronic neghietis (3mt)
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	T Hypertension
kind of work dona, es SPINNER, Harry SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) yaar) occupation	Cerebral Henringe Fal 3 1933
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country) maryland	
13. NAME George Hightingale	
13. NAME George Hightingale 14. BIRTHPLACE (city or town)	Name of operation
(State of country) - Vernam	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME margret Wisal 16. BIRTHPLACE (city or town)	23. If daeth wes due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country) 21 arms a	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT In arry E. Highting als.	Whera did injury occur?
18. BURIAL, CREMATION, OR REMOVAL Place Irinity Author Date Fleb 5, 1933	Manner of Injury
19. UNDERTAKER XIBard Y Son	24. Was disease or injury in any way related to occupation of decaasad?
(Addrass) Westmingter md	Jrso, specify
20. FILED 7 3 , 1933 fllwood Registrar.	(Signed) Wolleyn Balecken M. D (Addrass) Westwarder tag

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	RV PHYST	CTAN
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1 8140		OF MARY	LAND-	CERTIFICATE OF	DEA	TH U	1604
	OF DEATH			93-6		7	/
	Carroce				Registration [Dist. No.	
Village	or City near West	nunster	(II	No.	NA NA NAC	St.,	Ward
	f residence in city or town where	7	2yrsmos	death occurred in a hospital or institution, ds. How long In U.S. if of fore			
2. FULL	NAME EMM	ra ma	rgret	Ourngs			
(a) Res	sidence: No		0	St., Ward.			
PEDC	ONAL AND STATIST	(Usual place of				ive city or town and	State
3. SEX	ONAL AND STATIST			MEDICAL CERT	IFICATE	OF DEATH	
Femo	4. COLOR OR RACE	5. SINGLE, MARR OR DIVORCED	(write the word)	21. DATE OF DEATH	els.	16 4 (Day)	, 193 3 (Yeer)
5a. If married, v HUSBAND	vidowed, or divorced	0				·/	
HUSBAND (or) WIFE	of			22. I HEREBY C		That I atlended	
6 DATE OF BU	RTH (month, day, end yeer)	hail 11-	- 1853		-il.	8-4 ,1933	19.3.3
7. AGE	Years Months	Deys	If LESS than	to have occurred on the date stated abo	ve at la l	7	.; death is seid
79	3 8	6	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and			
_ 8. Trede. 1	profession, or perticuler	1	ormin.	were es follows:		11:17.	Date of onest
O kind	of work done, as SPINNER, YYER, BOOKKEEPER, etc.	rone		outine ac	grow	rains	l'ast
9. Industry	y or business in which k wes done, as SILK MILL, V MILL, BANK, etc			<i>U</i>			B. zem
- 6 / 11113	eceased last worked at occupetion (month and	II. Total tim	ie (years) in this etion			***********	
12. BIRTHPLAC	E (city or town)	land		Other Coutributory Causes of importance	rtiso	lunger	Pars
₩ 13. NAME	Co. Howard.	d courin	290				Kun
13. NAME	LACE (city or town)		1	Name of operation.			
4-	te or country) 7 m arm	land		Whet test confirmed diegnosis? Cla	airia	R Was there an a	Jan 2
15. MAIDEN	NAME margin	et com	mico	23. If deelh was due to external causes (\	/IOI ENCES ON		
15. MAIDEN	LACE (city or town)			Accident, suicide, or homicide?			
∑ (Sta	te or country)	uland	/	Where did injury occur?		ste of injuty	, 19
17. INFORMANT	William I	bay O	wings		pecify city or to USTRY, in HOM	E, or in PUBLIC PLA	c) NCE,
	MATION, OR REMOVAL	reasung	ha.				
-	nount View	Date 71.eb	1.8,1933	Menner of injury			
19. UNDERTAKE		nd + so	<u>n</u>	24. Was diseese or injury In eny wey rei	eted to occupat	ion of deceesed?	no
Address	1) Westmy	gister.	ma	fi so, specify			
20. FILED	1955/4	10000	Paristant	(Signed) (Address)	free	grey	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related eauses, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	A	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	-
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

1. PLACE O		71 1417414		95-2	000
County	Carroll			Registration Dist. No.	2
Village or C	City have fundamental formation of the city or town where	death occurred	yrsmos	ND. St., death occurred in a hospital or institution, give its NAME instead of street and How long in U.S. if of foreign birth?	
2. FULL NA	ME Joshu	a Osel	ing	8	
(a) Resider	nce: No. mean 7	(Usual place)		St., Ward. If nonresident give city or town and	State
PERSON	AL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH 7.2 /8 (Month) (Day)	, 193 3 (Year)
5a. If married, widow HUSBANO of (or) WIFE of	ved, or divorced	Ka B-	aleng	22. I HEREBY CERTIFY, That I attended	deceased from
(01) 1112 014	0			, 19, to	, 19
6. OATE OF BIRTH	(month, day, and year)	an 12	1841	I last saw h alive on	~; deeth is seld
7. AGE Yes		Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at	Date of onset
8. Trede, profe	ssion, or particular work done, as SPINNER, BOOKKEEPER, etc	non		Cardas Bosenlas	-
	business in which is done, as SILK MILL, LL, BANK, etc.	Jasmas		Deacon	-
	sed last worked et 257	sper	ime (years) nt in this pation		-
12. BIRTHPLACE (c) (State or cou				Dther Coutributory Causes of Importence:	
	- P. L				
H 14. BIRTHPLACI	6 (city or town) Pa			Name of operation	
		war		What test confirmed diagnosis?	
E	70-	heron	-	23. If death was due to external causes (VIDLENCE) fill in also the following Accident, suicide, or homicide?	~
O 16. BIRTHPLACI	E (city or town) r country)			Where did injury occur?	, 19
17. INFDRMANT	mo Jolean Jun	Carron	7	(Specify city or town, county and Sta Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	te) .ACE.
18. BURIAL, CREMATION, OR REMOVAL			2/ 27	Manner of Injury	
Place	1011	Date	2/, ,1933	Nature of injury	
19. UNDERTAKER (Address)	J.U. Straus	uster.	Med	24. Was disease or Injury in eny way related to occupation of deceased?	
20. FILED	20,1933	14 lu	Aces Registrar.	(Signed) III Manual Constanting	mo
	If more	blanks are needed, a	ddress State Registrar	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Cerebral hemorrhage	July 5,1927	Peritonitis	& days ago
		BOK	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			2

N. B.--Every Item of Information should be carefully supplied. Acc should be stated EXACTLY, PHYSICIANS should state AUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUP ON is very important. See instructions on by the of certificate. WRITE

V. S. No. 1

		PLACE OF DEATH	STATE OF MARYLAND
		County Canvil	② CERTIFICATE OF DEATH
		01-11.	Registration Dist. No. \\ \frac{73}{}
	Vil	lage or City Hovallulano.	St.: Ward) (If death occurred in
2000		2FULL NAME Transis Ja	ne Published a hospital or institu- tion, give its NAME in- steed of street and number.)
		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 5	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH
2	6 [DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
0		Jul 28, 1939	192 66/1 4 1923 3.
		(Month) (Day) (Year)	thet I last sew h laslive on
3	7 4	If LESS than	end that deeth occurred on the date stated above, at
5		yrs. mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
C	5 (a) Trade, profession or articular kind of work	Tremment from
	10	b) General nature of industry	***************************************
2		usiness, or establishment in vhich employed or (employer)	yremosde,
2	-	SIRTHPLACE (State or country) Worldship	Contributory Secondary (Durklign) yee mos. de.
		10 NAME OF FATHER Lee Prikett	(Signed) M. D.
2	တ	11 BIRTHPLACE OF FATHER	190 7 (Address)
1	RENT	(State or country) Houard Co Ind	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
4	PA	OF MOTHER James Jane trank	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
		13 BIRTHPLACE OF MOTHER	At place In the of death yrs mos, ds. State yrs ds.
		(State or Country) Cantou	Where was disease contrected,
	14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
		(Informant) All Junings	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
		(Address) Hordbul	Morgan Chapel Jet 28, 1933
	15	Filed #1/28 1933 Qua M. Hewitt	CM Wally Winfield
	-	If more blanks are needed, address Ltate Registrer	, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.



(Approved by U. S. Census and American Public Health Association.)

laborer, Farm laborer, Laborer—Coal mine, etc. state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Spinner, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, (b) or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many Automobile factory. The material (6) Grocery, Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal deferer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, stated unless important. Example: Measles (disease American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., o unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature Recommendations on statement of cause of death Whooping cough; Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS STATE MEANS OF INJURY Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid Chronic affection need etc. The contributory valvular heart disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

4

s should state of OCCUPAitem of infor-PHYSICIANS ANENT RECORD. Every act statement should be stated EXACTL properly classified. ERVED FOR BINDING See instructions on back of certificate. IK-THIS IS A PE ain terms, so that it may be TION is very important. CAUSE OF DEATH I

,**	MARGIN RES	WITH UNFADING IN	mation should be carefully supplied. AGE
	V. S. No. 1	N. B.—WRITE PLAINLY, WITH UNFADING IN	mation should be carefully sup

Length of residence In city or town where death secured. Hyrs. mos. ds. How long in U.S. If of foreign birth? mos. ds. How long in U.S. If of foreign birth? mos. mos. mos. ds. How long in U.S. If of foreign birth? mos. mos. mos. mos. mos. mos. mos. mos.	STATE OF	MARY	/LAND-	CERTIFICATE OF DEATH 01607
Village or City. Village or C	// 1			87.0
Length of residence in city or town where death recurred . H. yrs	County Controll	-,		Registration Dist. No.
Length of residence in city or town where death focured	Village or City mt. lin	ry=	(1)	
(a) Residence: No. Advisory (Usual place of abode) (Month) (Usual place of abode) (Usual place of abode) (Usual place of abode) (Month) (Usual place of abode) (Month) (Usual place of abode)	Length of residence In city or town where dea	Un occurred 2		
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (spring the word) 6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Deys If LESS than I dayhis. ormin. R Trade, profession, or particular kind of work done, as SPINNER, January Law ormin. R Trade, profession, or particular kind of work done, as SPINNER, January Law ormin. R Trade, profession, or particular kind of work done, as SPINNER, January Law ormin. R Trade, profession, or particular kind of work done, as SPINNER, January Law ormin. R Trade, profession, or particular kind of work done, as SPINNER, January Law ormin. R Trade, profession, or particular kind of work done, as SPINNER, January Law ormin. R Trade, profession, or particular kind of work done, as SPINNER, January Law or R Trade, profession, or particular kind of work done, as SPINNER, January Law or R Trade, profession, or particular kind of work done, as SPINNER, January Law or R Trade, profession, or particular kind of work done, as SPINNER, January Law or R Trade, profession, or particular kind of work done, as SPINNER, January Law or R Trade, profession, or particular kind of work done, as SPINNER, January Law or R Trade, profession, or particular kind of work done, as SPINNER, January Law or R Trade, profession, or particular lattended decessed fit for R Trade, profession, or particular lattended decessed fit for R Trade, profession, or particular lattended decessed fit for R Trade, profession, or particular lattended decessed fit for R Trade, profession, or particular lattended decessed fit for R Trade, profession, or particular lattended decessed fit for R Trade, profession or particular lattended decessed fit for R Trade, profession or particular lattended decessed fit for R Trade, profession or particular lattended decessed fit for R Trade, profession or particular lattended decessed fit for R Trad	2. FULL NAME Joseph	a.G.	andu	m,
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word) With the properties of the prope	(a) Residence: No. Dayme			
3. SEX Mall A COLOR OR RACE OR DIVORCED (expirc the word) OR DIVORCED (expirc the word) Fig. If married, widowed, or divorced HUSBANO of Celepton	PERSONAL AND STATISTIC			
Male White OB DIVORCED (agrice the word) Name 1933 1933 1933 1933 (Month) (Day) (Year) 1934 1935 1935 1936 1936 1938 104 1058 1058 1058 1068 107				
HUSBANO of Control Con	male White	OR DIVORCED	(write the word)	Telia, = 17 = 1933.
6. DATE OF BIRTH (month, day, and yeer)	HUSBANO of	dun		
TAGE Years Months Deys If LESS than I day. hrs. 7 9 1 day. hrs. 7 9 1 day. hrs. 8. Irade, profession, or particular kind of work done, as SPINNER, Samue (active) 8. Irade, profession, or particular kind of work done, as SPINNER, Samue (active) 8. Irade, profession, or particular kind of work done, as SPINNER, Samue (active) 8. Irade, profession, or particular kind of work done done as SPINNER, Samue (active) 8. Irade, profession, or particular kind of work done, as SPINNER, Samue (active) 8. Irade, profession, or particular kind of work done, as SPINNER, Samue (active) 8. Irade, profession, or particular kind of work done, as SPINNER, Samue (active) 8. Irade, profession, or particular kind of work done, as SPINNER, Samue (active) 8. Irade, profession, or particular kind of work done, as SPINNER, Samue (active) 8. Irade, profession, or particular kind of work done, as SPINNER, Samue (active) 8. Irade, profession, or particular kind of work done, as SPINNER, samue (active) 8. Irade, profession, or particular kind of work done, as SPINNER, samue (active) 8. Irade, profession, or particular kind of work done, as SPINNER, samue (active) 8. Irade, profession, or particular kind of work done as SPINNER, samue (active) 8. Irade, profession, or particular kind of work done as SPINNER, samue (active) 8. Irade, profession, or particular kind of work done as SPINNER, samue (active) 8. Irade, profession, or particular kind of work done as SPINNER, samue (active) 9. Industry or business in which 10. Date deceased last worked at active as SPINNER, samue (active) 11. Informant manue (active) 12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT 18. PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: 19. Active design and related causes of importance were as follows: 10. Active design and related causes of importance were as follows: 10. Active design and related causes of importance were as follows:	6. DATE OF BIRTH (month, day and year)	15-12	-8	
3. Trade, profession, or particular kind of work done, as SPINNER, farmus (attack) SAWYER, BODKKEEPER, etc. 3. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT 18. Ella 19. Or. 10. Date deceased last worked at this occupation 19. Other Coatributory Causes of importence: 10. Date of country) What test confirmed diegnosis? Was there an aulopsy? 20. If death was due to external ceuses (VIOL ENCE) fill in elso the following: Accident, suicide, or homicide? Oate of injury 19. Where did injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.				
SAYYER, BODKKEPER, etc. 9. Industry or business in which work was done, as SPINNER, Flat. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT 18. Class of which was done as SPINNER, Farmer (action) (Address) 18. Industry or business in which work was done, as SPINNER, etc. (Address) 19. Industry or business in which work was done, as SPINNER, etc. (Address) 11. Total time (years) Spant in this occupation Other Ceatributory Causes of importence: Other Ceatributory Causes of importence: What lest confirmed diegnosis? Was there an autopsy? Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.		9		The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: Out- pl one
Other Contributory Causes of importance: 12. BIRTHPLACE (city or town)	kind of work done, as SPINNER,	mus (cetical)	Colored apopulary 2/17/
Other Contributory Causes of importance: 12. BIRTHPLACE (city or town)	9. Industry or business in which work was done, as SILK MILL.			Concess Securities of
12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT 18. Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Address) Other Contributory Causes of importence: Other Co	SAW MILL, BANK, etc	11 Total tin	ne (veare)	
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country) (Stete or country) 16. BIRTHPLACE (city or town) (Stete or country) (Specify city or town, county and State) Specify whether injury occurred In INOUSTRY, in HOME, or In PUBLIC PLACE. (Address) (Address)	- this occupation (month and	speni occup	tin this	
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What test confirmed diagnosis? Was there an au'opsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country) (Stete or country) Mas there an au'opsy? 23. If death was due to external ceuses (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? Oate of Injury Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.		-la-	<i>l</i> .	
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15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT 18. MAIDEN NAME Sealle 18. Maiden was due to external ceuses (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	14. BIRTHPLACE (city or town) Monte	Jones	Co.	
Where did injury occur? (Specify city or town, county and State) 17. INFORMANT	15. MAIDEN NAME Sarah	El Ben	lle	
(Specify city or town, county and State) 17. INFORMANT	16. BIRTHPLACE (city or town) Mont	James I lave	y lao.	Accident, suicide, or homicide?
	17. INFORMANT Mrs. Ella C.	ses de	ine,	(Specify city or town, county and State)
18. BURIAL, CREMATION, OR REMOVAL Place People Laurity Date Febry = 19=1933. Nature of Injury.	18. BURIAL, CREMATION, OR REMOVAL Place rospect Lauti	Date Febr	1=19=,1933.	
19. UNDERTAKER 6. M. Haff. 24. Wes disease or injury in any wey related to occupation of deceesed? 200 (Address) If so, specify If so, specify	7-7	3 mes		24. Wes disease or injury in any wey related to occupation of deceesed?
20. FILED 2018 19 33 21. Duyder (Signed) Stanley Grovel M. Registrar. (Address M. Address M. A. A. M.	2114 1271	Delin	y Olev Registrar.	(Signed) Stanley Total M.

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Example I		Example II	30 170
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Pire LAD - Y- F			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	017112		1 = 7 11 12		11000
1. PLACE OF	F DEATH			<u> </u>	11008
County(Carroll.			Registration Dist. No.	14
Village or C	Springfie	eld Stat	te Hospit	al No. Sykesville, Md. St.,	Ward
	HAGNITAL		(II	death occurred in a norbital of institution, give as 14-214 instead of street and	number)
Length of resi	idence in city - lown where	death occurred 1	5yrs5mos	28 - ds. How long in U. S. if of foreign birth?yrs	nosds.
	ME John Ri				
(a) Residen	ce: No. Friends	Ville, G	of abode)	• 9 StMC • Ward. If nonresident give city or town an	d State
PERSON	AL AND STATIST	ICAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR RACE	OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH February 12,	, 193 3.
5a. If married, widow	White.	DIII	gre.	(Month) (Day)	(Year)
HUSBAND of (or) WIFE of	vea, or aivorcea			22. I HEREBY CERTIFY, That lattende August. 10 17 Feb. 12,	d deceased from
C DATE OF BIRTH	(month, day, and year) Ju	ne 4. 1	381.	I last saw h im alive on Feb. 12, 19	3 ; death is said
7. AGE Yea		Days	If LESS than	to have occurred on the date stated above, et 12.20p.m.	
	0	0	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
51.	ession, or particular	1 8.	ormin.	were as follows: Chronic Parenchymatous	OF ophilets .
kind of	work done, as SPINNER, BOOKKEEPER, etc	Labore	r.		9 00
9. Industry or	business in which			Nephritis.	a go.
work wa	till W MII2 on onch o	aw-mill	•		
U 10. Date deceas	sed last worked at		time (years)		
this occu	ipation (month and 190		ent in this 2		222700
	ity of town) Garre	tt Co.	Md.	Other Coutributory Causes of importance: Epilepsy.	Solts
12. BIRTHPLACE (ci (State or cou	.,,	00 00.3	BECK 8		
13, NAME	Hyson Ringe	r,			
13. NAME 14. BIRTHPLACI	E (city or town)	9		Name of operation None . Date of	Jack
(State of	r country)	yland.		What test confirmed diagnosis? Laboratory . Was there ar	NO •
15. MAIDEN NA 16. BIRTHPLACI	AME Teed Fra	intz:,		23. If death was due to external causes (VIOLENCE) fill in also the following	
D 16. BIRTHPLACE	F (city or town)			Accident, suicide, or homicide? Date of injury	, 19
∑ (State o	r country)	ryland.		Where did injury occur?	
17. INFORMANT	Hospital rec	eords, S		(Specify city or town, county and S Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC I	(ale) PLACE.
(Address)					
18. BURIAL, CREMA		V	0	Manner of injury	
Showers	field of	Date He	4,20 193	Nature of injury	No.
91	Mr. 8				
19. UNDERTAKER	fall to	1000 71	1-1	24. Was disease or injury in any way related to occupation of deceased?	
(Address)	syrush	Lee VP	1 (If so, specify	
20. FILED AND	17,1933034	any 1	eer	(Signed) ATM & WAMENIA	M.D.
			Registrar.	(Address) S. S. Harpy Sig free ville,	7.61.01:

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE O	F MAR	YLAND—	CERTIFICATE OF DEATH 01611
1. PLACE OF DEATH			
County Courol			Registration Dist. No.
Village or City Tykearl	<u>a</u> ,	CIF.	No. Spring held State Har Stated Ward death occurred in horpital or application, give its NAME instead of street and number)
Length of rasidence In city or town where de	eath occurred_q	yrs 8 mos	21 ds. How long in U. S. if of foreign birth? \(\int \) yrs. \(\text{mos.} \) ds.
2. FULL NAME Samal	8. 8.	monton	
(a) Residence: No. Oles Que	N	NO R 441	st., Ward. Har ford 60.
	(Usual place		/ If nonresident give city or town and State
3. SEX 4. COLOR OR RACE			MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE		RIED, WIDOWED, D (write tha word)	21. DATE OF DEATH Chucary (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	4 8.5	immais	22. I HEREBY CERTIFY. That I attended dacaased from
6. DATE OF BIRTH (month, day, and year)	aria 16	1857	Hast saw h. la alive on T. Chrucary 3 193 ; death is said
7. AGE Years Months	Oays	If LESS than	to have occurred on the date stated above, at 71. 304 m.
75 9	9	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	M. Soc.	ima (years)	Cerebral Certeriordenses 1917
12. BIRTHPLACE (city or town) (State or country)	spai	nt in this reation	Other Contributory Causes of importance: Chronic Myoranditia 1930
14. BIRTHPLACE (city or town)			Name of operation Date of
(Stata of country)	L Care	Rina	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT Spilal Rece (Address)	Nº Canol Carol	m ina	23. If death was due to axternal causes (VIOLENCE) fill in also tha following: Accident, suicida, or homicide?
18. BURIAL, CREMATION OR REMOVAL	der JE	66 1933	Manner of injury
19. UNDERTAKER Samin (Address)	Zu,	our Md.	24. Was disease or injury in any way related to occupation of decaased? If so, specify (Signed) W. U. Beege M. D.
20. FILED 940-4, 1933 CON	ary,	Registrar.	(Signed) 11 C. Weel M. D. (Address) Sylestilla M. D.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

SHALLEVILLE, Mids

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			7
•			ř
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	01613
county Carvall	Registration Dist. No. 8/
Village or City Umon Bridge	No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
1. 301 11 11.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME YWO Martha Virginia	conquer
(a) Residence: No. (Usual place of above)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or throrced HUSBAND of (or) WHE of John D. Snyder	22. I HEREBY CERTIFY, That I attended deceased from 2-/- 1933 to 2-/8- 1935
6. DATE OF BIRTH (month, day, and year) May 23, 1852	I last saw h & Ze alive on 2 - 1 8 - 19 3 3; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 315 q_m.
80 8 26 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Date of onset
SAWYER, BOOKKEEPER, etc	Cerebral Hemarrhage
work was done, as SILK MILL, SAW MILL, BANK, etc	0
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
50.0	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
II 13. NAME Moses Wiehl	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAMECOATHERINE Hyder	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Cotherine Hyder 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT MS J. Co. Lianther (Address) David Bridge Md	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	Manner of injury
Place May May 710 21, 1933	Nature of Injury
19. UNOERTAKER DE SUNS SON	24. Was disease or Injury in any way related to occupation of deceased?
(Address) Janlytown, mt.	If so, specify
20. FILEO Feb. 20, 1923	(Signed) M. O.
Deputy Registrar.	(Address) Museu & Singu Mit

ea, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting O. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH		
County Carroll		Registration Dist. No. 76
Village or City Westmins	(1	NoSt.,Walf death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmos6
	lborn Stonesifer	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH
unknown White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH February 7, 1933 (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of		22. HEREBY CERTIFY, That attended deceased fro
6. DATE OF BIRTH (month, day, end year) F	A .	I last saw h alive on, 19; death is sa
7. AGE Years Months	Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		-
9; Industry or business in which work was done, as SIHK MILL, SAW MILL, BANK, etc	11. Total time (years)	STILLBORN
O this occupation (month and year)	spant in this occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)		
置 13. NAME not legal	lly determined	
14. BIRTHPLACE (city or town)		Name of operation Oate of What test confirmed diagnosis? Was there an au'opsy?
# 15. MAIOEN NAME Esthe	er M. Stonesifer estminster	23. If death was due to externel causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Mg/.	Accident, suicide, or homicide? Date of injury
17. INFORMANT STORY (Address)	Horas	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	le Latere Shore	Manner of injury Nature of injury
19. UNOERTAKER (Address)	to	24. Was disease or injury in any way related to occupation of deceased? If so, specify
20. FILEO, 19	6 DATE 4/20/33 Registrar.	(Signed) Mcal registrar M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

ż

KECORD. Every item of infor-PHYSICIANS should state

stated EXACTLY properly classified.

B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PEN

in terms, so that it may be

AGE should be

supplied.

CAUSE OF DEATH in

FOR BINDING

MARGIN RESERVED

act statement of OCCUPA-

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 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

(Day)

(Year)

Date of onset

That I attended deceased from

Was there an autopsy?_____

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Par I	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis BURRATT	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year